

SUBMITTER: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DATE STAMP (RECEIVED)
MAR 11 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0000
Date: 5-7-13
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVATE ☒ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Mike GERMARDO
Address of Property: 67800 HWY RTE 104D
City/State/Zip: Iron River WI 54471
Cell Phone: 715.312.4015
Contractor: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Plumber: _____
Plumber Phone: _____
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: NW 1/4, NW 1/4
Legal Description: (Use Tax Statement) P1N: (23 digits) 04-016-2-41-06-15-2 02-000-10000
Volume _____ Page(s) _____
Subdivision: _____

Section 15, Township 41 N, Range 2 W
Town of: Iron River

Lot Size _____ Acreage 40

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$ _____

Project (What are you applying for) _____ # of Stories and/or basement _____ Use _____ # of bedrooms _____

What Type of Sewer/Sanitary System is on the property? _____

☐ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: _____ ☒ Well
☐ Conversion ☐ 2-Story ☐ Basement ☐ 3 ☐ Sanitary (Exists) Specify Type: _____
☐ Relocate (existing Bldg) ☐ No Basement ☒ None ☐ Privy (Pit) or Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ Foundation ☒ None ☐ Portable (w/service contract)
☒ Non-Residential ☐ Foundation ☐ None ☐ Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use ☒ Residential Use ☒ Commercial Use ☐ Municipal Use

Rec'd for Issuance MAY 07 2013

Secretarial Staff _____

Proposed Structure _____ Dimensions _____ Square Footage _____

Principal Structure (first structure on property) _____
Residence (i.e. cabin, hunting shack, etc.) _____
with Loft _____
with a Porch _____
with (2nd) Deck _____
with (2nd) Porch _____
with Attached Garage _____
Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) _____
Mobile Home (manufactured date) _____
Addition/Alteration (specify) _____
Accessory Building (specify) _____
Accessory Building Addition/Alteration (specify) _____
Special Use: (explain) _____
Conditional Use: (explain) ADA Accessible ADA Site

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

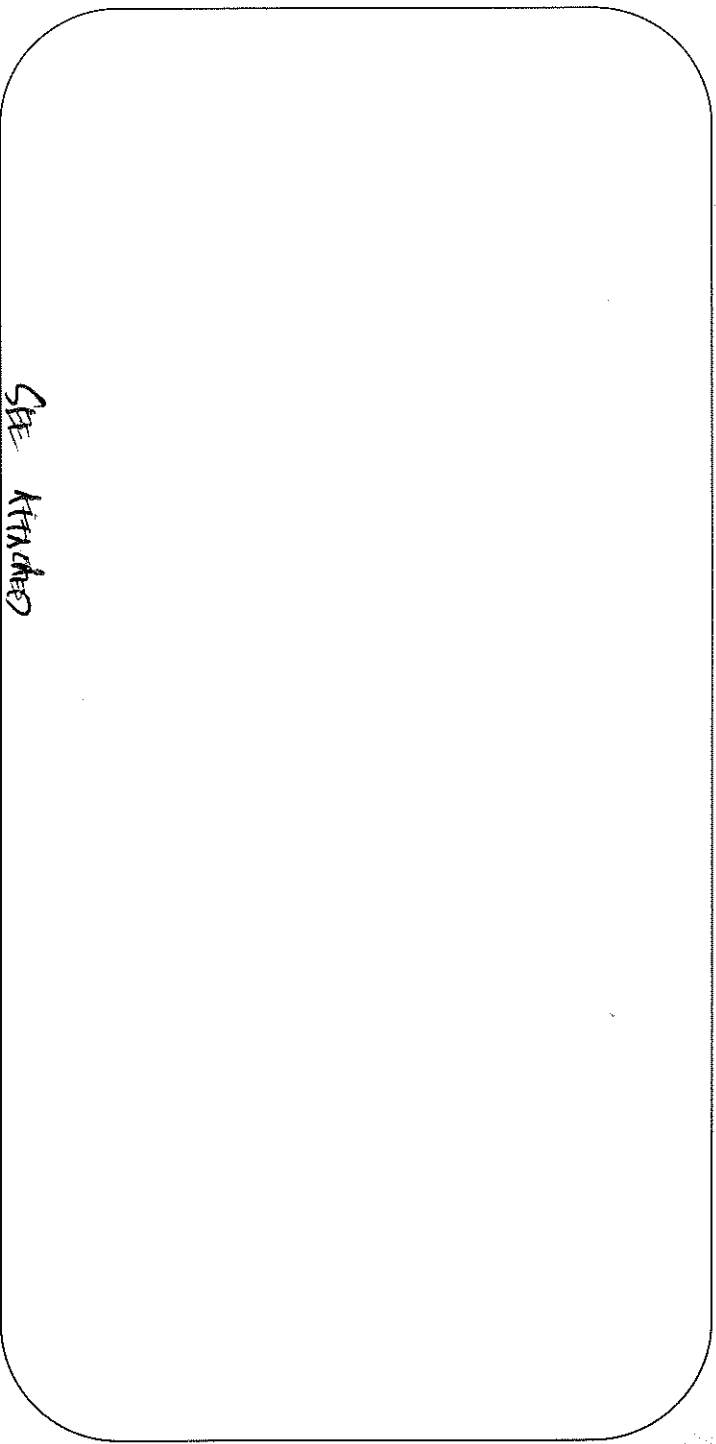
Owner(s): _____ Date 3/28/13
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
(if you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
SENT BY MAIL

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) **Well (W)**; (*) **Septic Tank (ST)**; (*) **Drain Field (DF)**; (*) **Holding Tank (HT)** and/or (*) **Privy (P)**
(6) Show any (*): (*) **Lake**; (*) **River**; (*) **Stream/Creek**; or (*) **Pond**
(7) Show any (*): (*) **Wetlands**; or (*) **Slopes over 20%**



SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 13-0060		Permit Date: 5-7-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	ADVISORY ZONE AREA					
CHARTERED BY ADJUTANT CHIEF OF POLICE PREVIOUS WIFE OPERATED AS A BAR						
Date of Inspection:	6-13	Inspected by:	PDC			
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Re ZC.						
Signature of Inspector:		Date of Approval:				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> RECAUTIONS ONLY	

Germano CUP

Intended Area of Mining



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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIED COUNTY, WISCONSIN

03203

Permit #:	13-0064
Date:	5-8-13
Amount Paid:	249.00
Refund:	150.00

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →										LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER																																																																																			
Owner's Name:										Mailing Address:										Telephone:																																																																															
Bob + Julie Ledin										Po Box 172 Iron River MI 54847										908-428-6388																																																																															
Address of Property:										City/State/Zip:										Cell Phone:																																																																															
67650 cnty Hwy H										Iron River MI 54847																																																																																									
Contractor:										Contractor Phone:										Plumber Phone:																																																																															
LW Construction										715-292-3158										715-374-2824																																																																															
Authorized Agent: (Person Signing Application on behalf of Owner(s))										Agent Phone:										Agent Mailing Address (Include City/State/Zip):																																																																															
PROJECT LOCATION										Legal Description: (Use Tax Statement)										PIN: (23 digits) 04-024-2-47-08-17-205 006-51000										Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____																																																																					
1/4, _____ 1/4										Gov't Lot										Lot(s)										CSM										Vol & Page										Lot(s) No.										Block(s) No.										Subdivision:										Lot Size										Acreage									
Section 17, Township 47 N, Range 8 W										Town of:										Iron River										150 x 300										1.08 Acres																																																											
Shoreland →										<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →										Distance Structure is from Shoreline: _____ feet										<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																											
Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →										Distance Structure is from Shoreline: _____ feet										800																																																																															

Value at Time of Completion *include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>83,000.00</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SPHC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 36'	Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(12' x 12')	144
	Residence (i.e. cabin, hunting shack, etc.)	(12' x 12')	
	with Loft	(12' x 12')	
	with a Porch	(12' x 12')	
	with (2nd) Porch	(12' x 12')	
	with a Deck	(12' x 12')	
	with (2nd) Deck	(12' x 12')	
	with Attached Garage	(12' x 12')	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(12' x 12')	
	Mobile Home (manufactured date)	(12' x 12')	1440
	Addition/Alteration (specify) <u>attach to existing garage</u>	(12' x 12')	240
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>garage</u>	(12' x 12')	
	Accessory Building Addition/Alteration (specify)	(12' x 12')	
Rec'd for Issuance			
	Special Use: (explain)	(12' x 12')	
	Conditional Use: (explain)	(12' x 12')	
	Other: (explain)	(12' x 12')	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL INCUR A FINE OF \$100 PER DAY. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Owner(s): _____
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Attach

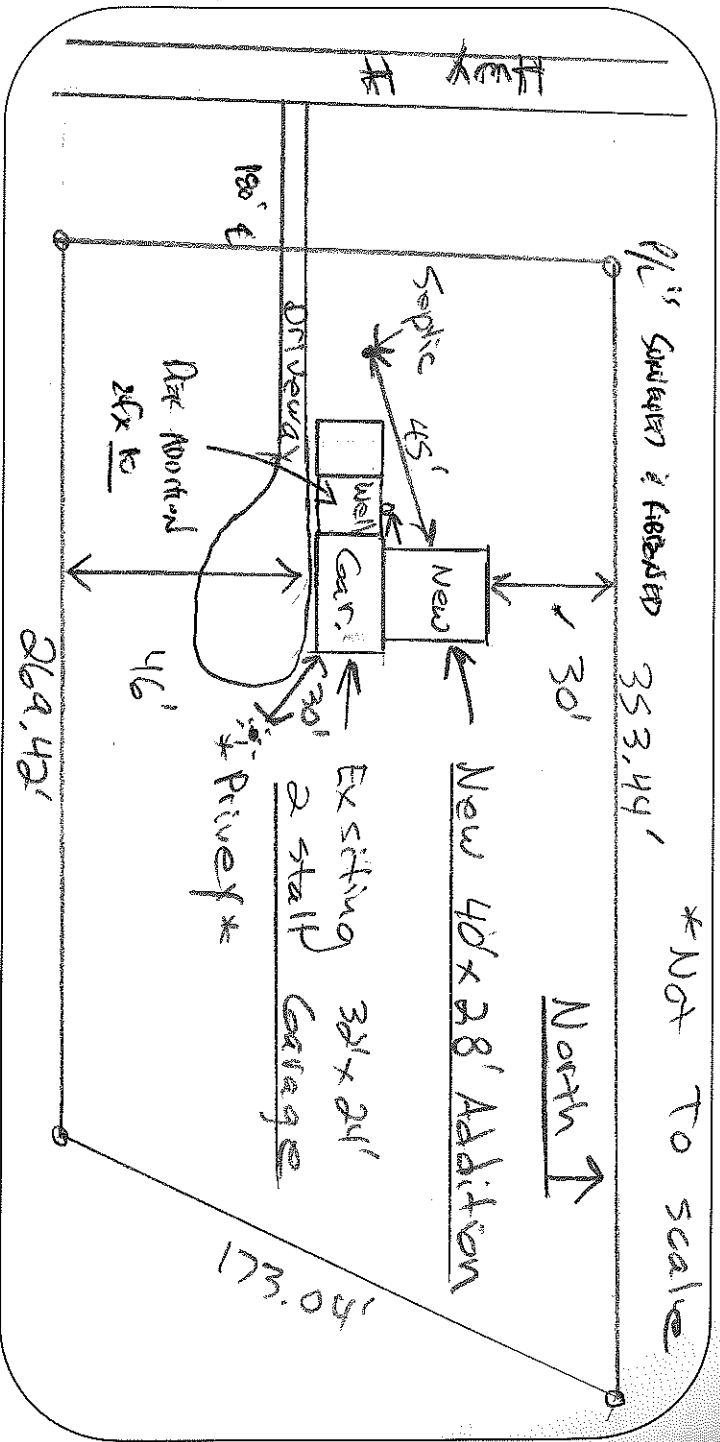
Address to send permit

if you recently purchased the property send your Recorded Deed

Bob said he will be adding a deck between existing house & garage

Draw on **your** **fluency** (regardless of what you are applying for)

- | | Proposed Construction |
|---------------------------|--|
| (1) Show Location of: | |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	800 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	46 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	80 Feet
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	45' Feet	Setback to Well	12 Feet
Setback to Drain Field	65' Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-00064		Permit Date: 5-8-13		10-12-01
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Residential Addition, proposed addition adds attachable setbacks</i>		Zoning District (R-1)	lakes Classification (—)	
Shall any be issued by a field & lands attention				
Date of Inspection: 5-7-13	Inspected by: <i>DLC</i>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
<i>(The attached reads & cards attach to the more than the (c) fee time you would occupy</i>				
<i>(exceeding 4 years, visitors, etc.) shall rule on the already due to this design & convey</i>				
<i>or the existing wastewater treatment system</i>				
Signature of Inspector: <i>[Signature]</i>			Date of Approval: 5-8-13	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____